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**DECLARATION FOR UTILITY OR** 

Attorney Docket Number

PATENT APPLICATION (37 CFR 1.63)  Application Number  Filing Date  Submitted Minimal Filing (surcharge (37 CFR 1.16 (e)) required)  Filing Date  Art Unit  Examiner Name  Thereby declare that:  Each inventor's residence, mailing address, and citizenship are as stated below next to their name.  I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Grease zerk dust cap  (Title of the Invention)  the specification of which  (Title of the Invention)  Thereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which became available between the filing date of the prior application of PCT international filing date of the continuation-in-part application of PCT international filing date of the continuation-in-part application of PCT international filing date of the continuation-in-part application of PCT international filing date of the continuation-in-part application of PCT international filing date of the continuation-in-part application of PCT international filing date of the continuation-in-part application of PCT international filing date of the continuation-in-part application of PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(a) of any foreign application of potent priority is calimed.  I hereby claim foreign application of plant beneder's injust certificate(s), or 365(a) of any foreign application having a filing date before that of the application on which priority is claimed.  Number(s)  Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	DESIGN			First Named	Inventor	Jav	Stadel	i	
Application Number    Application Number   Filing Date   Submitted after Initial   Filing Query   Filing Date   Art Unit   Examiner Name									
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[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## **DECLARATION** — Utility or Design Patent Application

		<del></del>					
Direct all correspondence to: Customer Number or Bar Code Laber		OR X Co	rrespondence address below				
Name Jay Aaron Stadeli							
Address 615 W. Main							
city Silverton		State OR	ZIP 97381				
Country U.S.A. Tele	(503) phone (503)	559-0918(cell 873-6239	)   Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Jay Aaron  Family Name or Sumame Stadeli							
Inventor's Signature Jan Stadol		Date 9/1/03					
Residence: City Silverton	State OR	Country U.S.A.	Citizenship USA				
Mailing Address 615 W. Main							
City Silverton	State OR	zip 97381	Country U.S.A.				
NAME OF SECOND INVENTOR:	. A petition has	been filed for this unsign	ed inventor				
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
	[						
Residence: City	State	Country	Citizenship				
Mailing Address							
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